Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau1532cxa

PASSWORD:
LOGINID/PASSWORD REJECTED

The loginid and/or password sent to STN were invalid.
You either typed them incorrectly, or line noise may
have corrupted them.

Do you wish to retry the logon?
Enter choice (y/N):

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau153cxa

PASSWORD:
LOGINID/PASSWORD REJECTED

The loginid and/or password sent to STN were invalid.
You either typed them incorrectly, or line noise may
have corrupted them.

Do you wish to retry the logon?
Enter choice (y/N):

Connecting via Winsock to STN

Welcome to STN International! Enter x:x

LOGINID:sssptau153cxa

PASSWORD:
TERMINAL (ENTER 1, 2, 3, OR ?):2

* * * * * * * * * * Welcome to STN International * * * * * * * * * *

NEWS	1		Web Page URLs for STN Seminar Schedule - N. America
NEWS	2		"Ask CAS" for self-help around the clock
NEWS	3	SEP 01	New pricing for the Save Answers for SciFinder Wizard within STN Express with Discover!
NEWS	4	OCT 28	KOREAPAT now available on STN
NEWS	5	NOV 30	PHAR reloaded with additional data
NEWS	6	DEC 01	LISA now available on STN
NEWS	7	DEC 09	12 databases to be removed from STN on December 31, 2004
NEWS	8	DEC 15	MEDLINE update schedule for December 2004
NEWS	9	DEC 17	ELCOM reloaded; updating to resume; current-awareness alerts (SDIs) affected

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 NEWS  10 DEC 17  COMPUAB reloaded; updating to resume; current-awareness
                  alerts (SDIs) affected
 NEWS  11 DEC 17  SOLIDSTATE reloaded; updating to resume; current-awareness
                  alerts (SDIs) affected
 NEWS  12 DEC 17  CERAB reloaded; updating to resume; current-awareness
                  alerts (SDIs) affected
 NEWS  13 DEC 17  THREE NEW FIELDS ADDED TO IFIPAT/IFIUDB/IFICDB
 NEWS  14 DEC 30  EPFULL: New patent full text database to be available on STN
 NEWS  15 DEC 30  CAPLUS - PATENT COVERAGE EXPANDED
 NEWS  16 JAN 03  No connect-hour charges in EPFULL during January and
                  February 2005
 NEWS  17 JAN 26  CA/CAPLUS - Expanded patent coverage to include the Russian
                  Agency for Patents and Trademarks (ROSPATENT)
 NEWS  18 FEB 10  STN Patent Forums to be held in March 2005

 NEWS EXPRESS  JANUARY 10 CURRENT WINDOWS VERSION IS V7.01a, CURRENT
               MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
               AND CURRENT DISCOVER FILE IS DATED 10 JANUARY 2005

 NEWS HOURS    STN Operating Hours Plus Help Desk Availability
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 NEWS WWW      CAS World Wide Web Site (general information)

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FILE 'HOME' ENTERED AT 14:49:58 ON 11 FEB 2005

=> file caplus uspatful japio medline biosis embase
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

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=> s (civamide or (vanillyl(w)6(w)nonenamide))
L1          352 (CIVAMIDE OR (VANILLYL(W) 6(W) NONENAMIDE))
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=> s l1 an (headache or neuralgia or neuropathy)
MISSING OPERATOR L1 AN
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l1 and (headache or neuralgia or neuropathy)
L2          59 L1 AND (HEADACHE OR NEURALGIA OR NEUROPATHY)

=> s l2 and (topical? or intranasal? or nasal?)
L3          49 L2 AND (TOPICAL? OR INTRANASAL? OR NASAL?)

=> s l3 and (drug delivery)
   1 FILES SEARCHED...
L4           6 L3 AND (DRUG DELIVERY)

=> d l4 1-6 ibib abs

L4   ANSWER 1 OF 6  CAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:        2004:805904  CAPLUS
DOCUMENT NUMBER:         142:85673
TITLE:                   Intranasal medications for the treatment of
                         migraine and cluster headache
AUTHOR(S):               Rapoport, Alan M.; Bigal, Marcelo E.; Tepper, Stewart
                         J.; Sheftell, Fred D.
CORPORATE SOURCE:        Columbia University College of Physicians & Surgeons,
                         New York, NY, USA
SOURCE:                  CNS Drugs (2004), 18(10), 671-685
                         CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER:               Adis International Ltd.
DOCUMENT TYPE:           Journal; General Review
LANGUAGE:                English
AB   A review. Intranasal medications for the treatment of
     headache have recently received increased attention. This paper
     reviews intranasal formulations of a variety of available
     medications (dihydroergotamine mesylate, sumatriptan, zolmitriptan,
     butorphanol, capsaicin and lidocaine) and one exptl. medication (
     civamide, a cis-isomer of capsaicin) for the treatment of migraine
     and cluster headache. Although the efficacy of
     intranasal agents varies with the product used, intranasal
     delivery may be both convenient and more effective than other modes of
     drug delivery for a variety of reasons: (i)
     intranasal administration bypasses small bowel gastrointestinal
     tract absorption, which is often significantly delayed during the acute
     phase of a migraine attack; (ii) nauseated patients may prefer non-oral
     formulations as they decrease the chance of vomiting and are more rapidly
     effective; (iii) intranasal administration causes no pain or
     injection site reaction and is easier and more convenient to administer
     than injection or suppository and so may be used earlier in a migraine
     attack, resulting in better efficacy; (iv) intranasal medication
     produces the same number or fewer adverse events than injections; and (v)
     intranasal formulations offer a more rapid onset of action than
     oral medications, for some of the above reasons and, as such, may be more
     useful in patients with cluster headache, although this needs to
     be verified. However, it is important to emphasize that a preference
     study showed that most patients prefer oral tablets to an
     intranasal formulation. Also, some nasal prepns. have
     significant adverse effects or are not well absorbed and therefore do not
     work consistently; others are more challenging to administer as a result
     of their delivery apparatus Nevertheless, it is our opinion that nasal
     prepns. increase therapeutic options and may result in faster response
     times and better efficacy than oral formulations and better patient
     satisfaction than injectable prepns.
REFERENCE COUNT:         80    THERE ARE 80 CITED REFERENCES AVAILABLE FOR THIS
                               RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT
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L4 ANSWER 2 OF 6 USPATFULL on STN
ACCESSION NUMBER: 2000:61198 USPATFULL
TITLE: Therapeutic uses of pungent botanicals and their related compounds
INVENTOR(S): Staggs, Jeff J., 7474 E. Arkansas Ave. #8-10, Denver, CO, United States 80231

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 6063381		20000516	
	WO 9323061		19931125	
APPLICATION INFO.:	US 1997-338489		19970318	(8)
	WO 1993-US4763		19930519	
			19970318	PCT 371 date
			19970318	PCT 102(e) date

DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Weddington, Kevin E.
NUMBER OF CLAIMS: 19
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 13 Drawing Figure(s); 7 Drawing Page(s)
LINE COUNT: 2066
AB A new class of general antiinfective agents extracted from pepper, ginger, and other plant species containing vanillyl and piperidine ring structures typical of the pungent principal found in pepper and ginger. The role of these structures, their attached hydrocarbons groups, and other agents found with the plant extract is demonstrated in the **topical** treatment of dermatophyte infections, tissue injuries, and abnormal proliferations of keratin.

L4 ANSWER 3 OF 6 USPATFULL on STN
ACCESSION NUMBER: 1998:64759 USPATFULL
TITLE: Method and compositions for controlling oral and pharyngeal pain using capsaicinoids
INVENTOR(S): Byas-Smith, Michael G., Decatur, GA, United States
PATENT ASSIGNEE(S): Emory University, Atlanta, GA, United States (U.S. corporation)

	NUMBER	KIND	DATE	
PATENT INFORMATION:	US 5762963		19980609	
APPLICATION INFO.:	US 1995-478554		19950607	(8)

DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Sayala, Chhaya D.
LEGAL REPRESENTATIVE: Knowles, Sherry M.King & Spalding
NUMBER OF CLAIMS: 45
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 2 Drawing Figure(s); 1 Drawing Page(s)
LINE COUNT: 1234
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Methods and compositions are provided for the oral delivery of temporally increasing concentrations of capsaicin, its derivatives, and analogs (collectively, "capsaicinoids"), to provide oral or pharyngeal analgesia while minimizing sensations of nausea and burning associated with the oral administration of capsaicinoids. The methods and compositions described herein soothe and relieve oral or pharynx pain. In one embodiment, one or more capsaicinoids are dispersed within a lollipop, with successively decreasing concentrations of capsaicin from the center out to the periphery, and administered to a patient in need of amelioration of oral pain. Alternatively, the capsaicinoid can be dispersed, with decreasing concentrations from the center to the periphery, in a tablet, caplet, lozenge, troche, pill, candy, or similar formulation. Capsaicinoids include dihydrocapsaicin, norhydrocapsaicin,

homocapsaicin, homodihydrocapsaicin I, norhydrocapsaicin, homodihydrocapsaicin, nordihydrocapsaicin, **civamide**, nonivamide, NE-19550 (also called olvanil), NE-21610, NE-28345 (also called N-oleyl-homovanillamide), their analogs, and derivatives.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L4 ANSWER 4 OF 6 USPATFULL on STN
ACCESSION NUMBER: 97:80931 USPATFULL
TITLE: Transdermal therapeutic formulation
INVENTOR(S): Davis, Roosevelt, 27 Lullwater Estate Rd., Atlanta, GA, United States 30307
Primo-Davis, Susan A., 27 Lullwater Estate Rd., Atlanta, GA, United States 30307

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 5665378		19970909
APPLICATION INFO.:	US 1995-560806		19951121 (8)

RELATED APPLN. INFO.: Continuation-in-part of Ser. No. US 1994-315343, filed on 30 Sep 1994, now abandoned
DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Phelan, D. Gabrielle
LEGAL REPRESENTATIVE: Connolly & Hutz
NUMBER OF CLAIMS: 19
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 1 Drawing Figure(s); 1 Drawing Page(s)
LINE COUNT: 473
AB The present invention relates to a transdermal therapeutic formulation comprising capsaicin, a nonsteroidal anti-inflammatant and pamabrom. The formulation is used to alleviate pain or discomfort in a mammal by being applied to the skin of the mammal thereby causing the active ingredients in the formulation to pass into and/or through the skin of the mammal. In a preferred embodiment of the present invention, the formulation is used in patch form for the treatment of the pain and discomfort associated with menstrual cramps, water retention (e.g., "bloating") and/or muscular pain (e.g., muscular back pain).

L4 ANSWER 5 OF 6 MEDLINE on STN
ACCESSION NUMBER: 2004368141 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15270595
TITLE: **Intranasal** medications for the treatment of migraine and cluster **headache.**
AUTHOR: Rapoport Alan M; Bigal Marcelo E; Tepper Stewart J; Sheftell Fred D
CORPORATE SOURCE: Columbia University College of Physicians & Surgeons, New York, NY, USA.. alanrapoport@nech.net
SOURCE: CNS drugs, (2004) 18 (10) 671-85. Ref: 80
Journal code: 9431220. ISSN: 1172-7047.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200410
ENTRY DATE: Entered STN: 20040725
Last Updated on STN: 20041026
Entered Medline: 20041025

AB **Intranasal** medications for the treatment of **headache** have recently received increased attention. This paper reviews **intranasal** formulations of a variety of available medications (dihydroergotamine mesylate [dihydroergotamine mesilate], sumatriptan,

zolmitriptan, butorphanol, capsaicin and lidocaine [lignocaine]) and one experimental medication (**civamide**, a cis-isomer of capsaicin) for the treatment of migraine and cluster **headache.** Although the efficacy of **intranasal** agents varies with the product used, **intranasal** delivery may be both convenient and more effective than other modes of **drug delivery** for a variety of reasons: (i) **intranasal** administration bypasses small bowel gastrointestinal tract absorption, which is often significantly delayed during the acute phase of a migraine attack; (ii) nauseated patients may prefer non-oral formulations as they decrease the chance of vomiting and are more rapidly effective; (iii) **intranasal** administration causes no pain or injection site reaction and is easier and more convenient to administer than injection or suppository and so may be used earlier in a migraine attack, resulting in better efficacy; (iv) **intranasal** medication produces the same number or fewer adverse events than injections; and (v) **intranasal** formulations offer a more rapid onset of action than oral medications, for some of the above reasons and, as such, may be more useful in patients with cluster **headache**, although this needs to be verified. However, it is important to emphasise that a preference study showed that most patients prefer oral tablets to an **intranasal** formulation. Also, some **nasal** preparations have significant adverse effects or are not well absorbed and therefore do not work consistently; others are more challenging to administer as a result of their delivery apparatus. Nevertheless, it is our opinion that **nasal** preparations increase therapeutic options and may result in faster response times and better efficacy than oral formulations and better patient satisfaction than injectable preparations.

L4 ANSWER 6 OF 6 EMBASE
on STN

ACCESSION NUMBER: 2004369350 EMBASE
TITLE: **Intranasal** medications for the treatment of migraine and cluster **headache.**
AUTHOR: Rapoport A.M.; Bigal M.E.; Tepper S.J.; Sheftell F.D.
CORPORATE SOURCE: Dr. A.M. Rapoport, New England Center for Headache, P.C., 778 Long Ridge Road, Stamford, CT 06902-1251, United States. alanrapoport@nech.net
SOURCE: CNS Drugs, (2004) 18/10 (671-685).
Refs: 80
ISSN: 1172-7047 CODEN: CNDREF
COUNTRY: New Zealand
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 008 Neurology and Neurosurgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LANGUAGE: English
SUMMARY LANGUAGE: English
AB **Intranasal** medications for the treatment of **headache** have recently received increased attention. This paper reviews **intranasal** formulations of a variety of available medications (dihydroergotamine mesylate [dihydroergotamine mesilate], sumatriptan, zolmitriptan, butorphanol, capsaicin and lidocaine [lignocaine]) and one experimental medication (**civamide**, a cis-isomer of capsaicin) for the treatment of migraine and cluster **headache.** Although the efficacy of **intranasal** agents varies with the product used, **intranasal** delivery may be both convenient and more effective than other modes of **drug delivery** for a variety of reasons: (i) **intranasal** administration bypasses small bowel gastrointestinal tract absorption, which is often significantly delayed during the acute phase of a migraine attack; (ii) nauseated patients may prefer non-oral formulations as they decrease the chance of vomiting and are more rapidly effective; (iii) **intranasal** administration

causes no pain or injection site reaction and is easier and more convenient to administer than injection or suppository and so may be used earlier in a migraine attack, resulting in better efficacy; (iv) **intranasal** medication produces the same number or fewer adverse events than injections; and (v) **intranasal** formulations offer a more rapid onset of action than oral medications, for some of the above reasons and, as such, may be more useful in patients with cluster **headache**, although this needs to be verified. However, it is important to emphasise that a preference study showed that most patients prefer oral tablets to an **intranasal** formulation. Also, some **nasal** preparations have significant adverse effects or are not well absorbed and therefore do not work consistently; others are more challenging to administer as a result of their delivery apparatus. Nevertheless, it is our opinion that **nasal** preparations increase therapeutic options and may result in faster response times and better efficacy than oral formulations and better patient satisfaction than injectable preparations.

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